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FACSIMILE COVER SHEET

12/8/03

Receiver: Examiner, Alford Kindred
U.S. Patent Office

TEL #: (703) 305-3802

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Sender: Tiffany Bell for Elise Heilbrunn
Our Ref. No.: GDT1P001

Re: *Amendment*

Pages Including Cover Sheet(s): 11

MESSAGE:

Please see attached. If you need anything else, please let me know. Thanks.

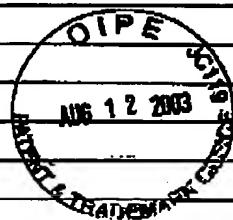
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| | | | | | |
|-----------|---|--------------|----------|-----------------------|----------------|
| Docket # | GDT1P001 | By: | ERH/b | Date of this mailing: | August 6, 2003 |
| Appl'n #: | 09/626,347 | Filing Date: | 07/26/00 | Express Mail # | |
| Inventors | Albert Heinicus Franciscus de Heer, et al. | | | | |
| Title: | METHODS AND APPARATUS FOR CATALOG DATA CAPTURE, STORAGE, AND DISTRIBUTION | | | | |

The following have been received in the U.S. Patent Office on the date stamped hereon:

| Item | Description | # Pgs. |
|------|--|--------|
| 1. | Amendment A Transmittal w/certificate of mailing | 1 |
| 2. | Amendment | 7 |
| 3. | | |
| 4. | | |
| 5. | | |
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| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |



BEYER WEAVER & THOMAS, LLP
 SEEN/CONFIRMED
 BY DOCKETING DEPT.
 DATE: 8/10 BY: SN



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: deHeer et al.

Attorney Docket No.: GDT1P001

Application No.: 09/626,347

Examiner: Alford W. Kindred

Filed: July 26, 2000

Group: 2172

**Title: METHODS AND APPARATUS FOR
CATALOG DATA CAPTURE, STORAGE AND
DISTRIBUTION**

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on August 6, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: Tiff Bell

Tiffany Bell

AMENDMENT TRANSMITTAL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

| | Claims After Amendment | | Highest Previously Paid For | Present Extra | Small Entity Rate Fee | Large Entity Rate Fee |
|--|------------------------------|-------|-----------------------------------|------------------|--------------------------|--------------------------|
| Total Claims | 17 | MINUS | 20 | 0 | x 9 = | x 18 = |
| Independent Claims | 2 | MINUS | 3 | 0 | x 42 = | x 84 = |
| Multiple Dependent Claim Present and Fee Not Previously Paid | | | | \$140.00 | \$280.00 | |
| | | | | Total | \$ | \$ |

Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.

Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.

Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.

Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. GDT1P001).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


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